

# **Child and Adult Care Food Program (CACFP)**

## **Training Packet and Handbook**

**Adult Day Care  
FY 2019**



### **Division of School and Community Nutrition**

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**<https://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider

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## **Child and Adult Care Food Program**

The Child and Adult Care Food Program (CACFP) provides reimbursements to institutions and sponsoring organizations that provide creditable meals to participants enrolled in centers.

### **Federal Requirements**

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for submitted claims.

These regulations can be found at:

**<http://www.fns.usda.gov/cacfp/regulations>**

## **Compliance Review Requirements and Process**

The compliance review is performed in order to ensure an institution's compliance with federal requirements.

- Once trained in the federal requirements, an institution is given a first month visit to assist the new institution in achieving compliance.
- The institution will then receive an actual compliance review the following year.
- If the institution is found to be in compliance they will receive the next review within the next three years.
- If the institution is found to be deficient, they will be reviewed the following year.
- If the same deficiencies are discovered in the follow up review, the institution may be moved to intent to terminate.
- Once terminated, the institution and responsible parties will be added to the National Disqualified list (NDL) and may not participate with the CACFP for 7 years.
- Institutions will be notified of any deficits via email through a findings report.
- These findings must be addressed by the institutions through the submittal of a Corrective Action Plan.
- The Corrective Action Plan is due 30 days from the date of the email.
- The Corrective Action Plan must include the following information:
  - What are the findings and the procedures that will be implemented to address the findings?
  - Who will address the findings? List Personnel responsible for this task.
  - When will the problem be addressed? Provide a time line for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, or annually, and when will it begin.)
  - Where will the corrective action plan documentation be retained within the facility?
  - How will the staff be informed of the new policies?
- Additional supporting documentation (i.e., policies and procedures that have been modified or implemented to ensure that findings are fully and permanently corrected) must be submitted with the corrective action plan.
- Information regarding the appeal process is located toward the end of this handbook.

## **Institution and Sponsoring Organizations Responsibilities**

**Sponsoring Organizations must disperse reimbursement to participating sites within 5 days of receiving payment.**

### **Recordkeeping**

Institutions that participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsor/center location. Sponsoring organizations of affiliated centers and sites are responsible for ensuring that each center or site under the sponsorship is maintaining current month records. Sponsors of Unaffiliated centers and sites must ensure that each center or site maintains copies of at least the previous twelve months records **on site**. These records must accurately reflect program operations. Failure to maintain such records will result in the recovery of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly reports and Claim for Reimbursement. All monthly records and supporting documentation must be assembled to justify the monthly Claim for Reimbursement in the institutions or sponsoring organization's main office. Institutions should assign responsibility for maintaining daily records to specific staff.

The following records are used to justify reimbursement and must be maintained on file for a minimum of 3 years plus the current year:

1. Adult Enrollment/Income Applications
2. Membership Roster
3. Attendance Records
4. Record of Meals Served
5. Program Costs Documentation including Receipts, Invoices, Catering Delivery Tickets and Proof of Program Labor.
6. Menus

**Failure to maintain any of the records listed above may result in the recovery of reimbursement.**  
**[7 CFR 226.10(d)]**

## Folder System

The folder system was designed by the State Agency as an effective way of managing the records necessary for meal reimbursement. All institutions are encouraged to have the following labeled folders for each fiscal year:

1. Permanent Agreement with the “Move Forward” sticker. (Transferred from previous to current year).
2. In-Service Training, Monitor Reviews (for Multi-Site Sponsors), Procurement/Catering Documents, News Release (New Sponsors Only), Justification for Reimbursement and Participant or Guardian/Caretaker Handbook.
3. Adult Enrollment/Income Applications, Medical Statements.
4. Monthly folders (October – September) for each month of the federal fiscal year beginning with October. The following items are to be filed monthly in each folder:
  - a. Copy of the Claim for Reimbursement
  - b. Attendance Records
  - c. Copy of Membership Roster
  - d. Menu Records (Participant)
  - e. Record of Meals Served and/or Record of Meals Served-Additional Meals Form for institutions claiming more than 3 meal services
  - f. Record of Expenditures
  - g. Receipts
  - h. Personnel Activity Reports and/or Paycheck Stubs

## Civil Rights Compliance and Grievance Procedures

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

### Customer Service

- One of the best ways to ensure compliance with civil rights laws and ensure that we treat everyone the same is to provide excellent customer service.
- Providing good customer service is key to avoiding the appearance or perception by anyone of unlawful discriminatory statements or actions.
- Professionalism, listening skills, availability, responsiveness, reliability, and conflict resolution are all factors that contribute to customer satisfaction. These skills can turn an unacceptable or disappointing experience into a success story.

### Conflict Resolution

- Conflict resolution is key to preventing a situation from potentially getting out of hand and is one component of quality customer service.
- Conflict resolution skills can help in everyday life as well as in your professional life.
- For more information on Conflict Resolution, visit the Conflict Resolution Network.  
<http://www.crnhq.org/>

**Discrimination** is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.

**The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

### **Responsibilities of Institutions and Sponsoring organizations**

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are:

1. Public Notification System
2. Data collection
3. Training
4. Grievance Procedures

### **Compliance Areas**

#### **1. Public Notification System (PNS)**

##### **a. News Release:**

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of Sponsors. **New Institutions only** will submit a News Release to a Media Source and Grassroots Organization.

##### **b. “And Justice For All” poster**

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper.
- Additional posters can be obtained by contacting the State Agency.  
**<http://www.fns.usda.gov/cr/and-justice-all-posters>**

### **c. Non-Discrimination Statement**

- The statement in its entirety is required on all materials where the CACFP is referenced such as, but not limited to, promotional literature, parent handbooks and websites.
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.
- For an institution's website, the following Non-Discrimination Statement can be used by the following link:  
<http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>

### **The Non-Discrimination Statement is displayed below.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

### **d. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**The link below provides translations for CACFP materials**

<http://www.fns.usda.gov/documents-available-other-languages>



## 2. Data Collection

- Independent Institutions must obtain the ethnic and racial data for the site and it must be documented annually as part of the initial/renewal process. Sponsoring Organizations must obtain and document ethnic and racial data for each site during the monitor review visits.
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data.
- The collection of ethnic and racial data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

**Example from the Sponsor Application is located below. This is the process for collecting ethnic and racial data as documented in the Sponsor Application for Independent Institutions or on the Monitor Review Form for Sponsoring Organizations.**

- (1) Geographic Area equals percentage breakdown of eligible population by racial-ethnic category for the school closest to your center. The link to the racial/ethnicity report for KDE schools is on SCN's website.
- (2) Program Participants equals the number of participants enrolled in the CACFP program

<b>Ethnicity Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the school nearest the center.  The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf">https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf</a></p>		
<b>Hispanic or Latino</b>	%	
<b>Non-Hispanic or Latino</b>	%	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.  (This is to only be done on the first monitor review of the year.)</p>		
<b>Hispanic or Latino</b>		
<b>Non-Hispanic or Latino</b>		
<b>Racial Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf">https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf</a></p>		
<b>American Indian or Alaskan Native</b>	%	
<b>Asian</b>	%	
<b>Black or African American</b>	%	
<b>Native Hawaiian or Other Pacific Islander</b>	%	
<b>White</b>	%	

<b>Program Participants</b> The number of participants enrolled in the CACFP program at the center. (This is to only be done on the first monitor review of the year.)		
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black or African American</b>		
<b>Native Hawaiian or Other Pacific Islander</b>		
<b>White</b>		

### Civil Rights Training

- Institutions and sponsoring organizations must provide and document civil rights training to all staff involved with the CACFP.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors are hired throughout the fiscal year.
- The In-Service Training form on the State Agency website is a helpful tool to document training.

### Civil Rights Grievance Procedure

#### **Institutions and sponsoring organization responsibilities**

- Must accept either written or verbal grievances.
- Must NEVER impede participant's ability to file.
- Move grievance forward in a timely manner (forward to state agency within 3 days).

#### **Participant Rights**

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

**Grievance Forms can be accessed by the link below.**

**<https://www.ascr.usda.gov/filing-prgram-discrimination-complaint-usda-customer>**

## **Institution and Sponsoring Organization In-Service Training Documentation**

Child Care Center, Adult Day Care Center Institutions and Sponsoring Organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations must conduct training with key staff within the first four weeks of program participation. Documentation of the training may be recorded on the In-Service Training Form.

**7 CFR 226.16 (d)(2-3) states:**

*“Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program’s meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory:*

*Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory.”*

**The Kentucky CACFP State Agency defines “Key Staff” as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.**

**In addition to the mandatory civil rights training, the State Agency recommends discussing the following topics during staff training:**

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form),
4. For those institutions approved for more than 3 meal services, Record of Meals Served-Additional Meals Form will be used daily to record the names of the children and to indicate which meals they consumed. Facilities may only claim two meals and one snack or two snacks and one meal per participant per day. The Record of Meals Served Form will be used to consolidate all daily meal service totals for claim submission,
5. Attendance records,
6. Safety and sanitation,
7. Menus
8. Personnel Activity Reports,
9. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

**Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1<sup>st</sup> week of employment. Always have new staff members document attendance of training with signatures. The In-Service Training Form may be used to document when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.**

**Any staff conducting in-service training must have completed training on CACFP policies and procedures.**

**A Civil Rights Training Video is available on the State Agency Website.**

## **CACFP Instructions for Completing the In-Service Training Form**

1. Fill in the date, name of institution, location of training and training conducted by.
2. Mark the box next to the topics covered at the training. (*Civil Rights and “instruction, appropriate to the level of staff experience and duties” of the CACFP is Mandatory*). Mark the box and list any additional topics covered.
3. Have participants print, sign and give their title and the name of the center they are associated with under the site name column.
4. Attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training Form in the CACFP folder labeled, “In-Service Training”.

DATE\_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_ Location\_\_\_\_\_

Training Conducted by: \_\_\_\_\_

- Topics Covered:**    ☐ Civil Rights (Mandatory)  
(Check all that apply) ☐ Meal Patterns  
                                 ☐ Meal Counts  
                                 ☐ Claim Submission  
                                 ☐ Review Procedures  
                                 ☐ Record Keeping Requirements  
                                 ☐ Reimbursement System  
                                 ☐ Updates from Annual Training  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

**Trainer's Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

## Procurement

***Remember to complete the appropriate procurement annually.***

There are 3 methods of procurement:

- Micro-Purchase:** Used when single purchase transactions are equal to or less than \$10,000 and the annual aggregate total of all transactions does not exceed \$250,000. The following requirements must be met:
- Micro-purchases may be made without soliciting competitive quotes if the sponsor considers the price to be reasonable
  - To the extent practicable, the sponsor must distribute micro-purchases equitably among suppliers
  - The sponsor must maintain all receipts/invoices

- Small Purchase/Informal:** Used when single purchase transactions are between \$10,001 and \$249,999. The following requirements must be met:
- Price quotations must be obtained from at least three qualified suppliers
  - The sponsor must maintain written documentation of the quotes
  - The sponsor must maintain all receipts/invoices

- Formal Bid** Used when single purchase transactions or the annual aggregate total of all transactions or contracts are equal to or greater than \$250,000. The following requirements must be met:
- Invitation for Bid (IFB) or Request for Proposal (RFP)
  - Contact the State Agency for assistance

**Catering-**For catered meals, please see the Catering Guidance Handbook:  
<http://education.ky.gov/federal/SCN/Pages/Catering-Resources.aspx>

## **Small Purchase/Informal Procurement**

Used if single transaction is \$3,501-\$149,999

(Documenting quotes from qualified suppliers)

To meet the requirements for small purchase/informal procurement, such as those items purchased from a grocery, retail store or vendor, the State Agency requires annual quotes from at least 3 qualified suppliers. Sponsors will document in writing at least three separate, but similar, quotes on the cost of at least 6 items and compare the costs of these items from each supplier. Sponsors are required to select the supplier that has the lowest price unless other circumstances, such as proximity of the store or consistency of quality, impact their decision. This information must be documented on the Small Purchase/Informal Procurement Form.

### **Instructions for Completing the Small Purchase/Informal Procurement Form:**

1. Record the date of procurement.
2. List 6 most commonly purchased items.
3. List 3 qualified suppliers.
4. List the prices of the 6 items at each of the suppliers.
5. Choose the supplier from which the items will be purchased.
6. If the supplier chosen doesn't offer the lowest price, explain why the supplier was chosen (location, options, etc.).
7. File the form in the CACFP folder labeled "Procurement/Catering Documents".

## Documentation for Small Purchase/Informal Procurement

Used if single transaction is \$3,501 and \$149,999

DATE: \_\_\_\_\_

Item	Name of Supplier 1: _____	Name of Supplier 2: _____	Name of Supplier 3: _____	Reason for selection if not lowest price
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
6.	\$	\$	\$	

\*7 CFR 226.22



# Instructions for completing the Adult CACFP Enrollment/Income Application Form

## 1. Participant Information:

- Please have the parents/guardians **print** the name(s) of the participant(s) (last name, first name) along with birthdate. Please ensure the names listed on the Enrollment/Income Application Form match the names on the Daily Attendance Form and Membership Roster.
- Ensure that the participant's meals normally eaten at the center is completed. If the Participant or Guardian/Caretaker works multiple shifts and the participant may attend the center on an irregular schedule then have them mark, "Yes" for the question, "Participant or Guardian/Caretaker works multiple shifts and participants may be in care different days/hours \_\_\_\_yes \_\_\_\_no", otherwise mark, "No".
- **Program Benefits**-If the participant receives funding from **SNAP, SSI or Medicaid**, the entire case number must be listed in the box provided, and then parents/guardians should **skip Section 2** and **sign and date Section 3**.

## 2. Household Members and Monthly Income

- Other members of the household (Adults, Children) not listed in the participant's section and their **Monthly** income must be listed.
- If a Participant or Guardian/Caretaker refuses to complete the income section, the participant will be claimed as paid in membership.

## 3. Signature and Social Security Number

- Parents/guardians must read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, they must sign, give the last 4 digits of their Social Security number and date. If they do not have a Social Security Number, please have them check the corresponding box.

## Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/SSI/Medicaid** or **Household Income**. If **Household Income** is used to determine eligibility, total incomes and household size from Section 2 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP, SSI or Medicaid** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support, then the household income must be used in order to determine eligibility. Once eligibility has been determined using the **Income Eligibility Guidelines**, mark **Free, Reduced** or **Paid Meals**.
3. Once eligibility has been determined, sign and date the form and record the participant's name (last name, first name) and eligibility (Free, Reduced, Paid) on the Membership Roster.

## ADULT ENROLLMENT FORM/INCOME APPLICATION

### 1. Participant Information: (To be completed by Caretaker/Guardian)

If an adult participant is a member of a SNAP, SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application as described in paragraph (e)(1)(iii) of this section;

*\*Adult participant means a person enrolled in an adult day care center who is functionally impaired with an Individual plan of care or 60 years of age or older. 7 CFR 226.2 (c)*

If your participant receives assistance from the items below, please complete and skip to section 3.

Participant's Last Name	Participant's First Name	Date of Birth	Meals Normally Eaten (Circle all that apply)	Snap, SSI or Medicaid # (List Entire Number Below)
			B AM L PM S LN	
			B AM L PM S LN	

\*Caretaker/Guardian works multiple shifts and participants may be in care different days/hours \_\_\_\_yes \_\_\_\_no

Does this Participant have a Plan of Care? (Less than 60 years of age) \_\_\_\_yes \_\_\_\_no

### 2. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income
Last, First				
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

### 3. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____ <b>Signature of Adult Household Member</b>	_____ <b>Home/Cell Phone Number</b>
X _____ <b>Last four digits Social Security Number*</b>	<input type="checkbox"/> <b>No Social Security Number</b> X _____ <b>Date</b>

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

☐ Free Meals

☐ SNAP/SSI/Medicaid

☐ Reduced Price Meals

☐ Income Household

☐ Paid

Total Household Monthly  
Income \_\_\_\_\_

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date

Household Size \_\_\_\_\_

\*7 CFR 226.15 (e)(2)

(Revised June 2017)

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

#### USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**INCOME ELIGIBILITY GUIDELINES**  
**For Adult Day Care Centers**  
**(FOR INTERNAL/OFFICE USE ONLY)**

**INCOME ELIGIBILITY SCALE**

The eligibility scale is for determining participating participant's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps), SSI or Medicaid. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2018-June 30, 2019				
Household Size	Free Meals		Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
<b>1</b>	<b>\$1,316</b>	\$15,782	<b>\$1,872</b>	\$22,459
<b>2</b>	<b>\$1,784</b>	\$21,398	<b>\$2,538</b>	\$30,451
<b>3</b>	<b>\$2,252</b>	\$27,014	<b>\$3,204</b>	\$38,443
<b>4</b>	<b>\$2,720</b>	\$32,630	<b>\$3,870</b>	\$46,435
<b>5</b>	<b>\$3,188</b>	\$38,246	<b>\$4,536</b>	\$54,427
<b>6</b>	<b>\$3,656</b>	\$43,862	<b>\$5,202</b>	\$62,419
<b>7</b>	<b>\$4,124</b>	\$49,478	<b>\$5,868</b>	\$70,411
<b>8</b>	<b>\$4,592</b>	\$55,094	<b>\$6,534</b>	\$78,403
<b>For each additional family member add:</b>	<b>+\$468</b>	+\$5,616	<b>+\$666</b>	+\$7,992

The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

**Note:** Participants that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- SSI
- Medicaid

## Adult Day Care

Dear Participant or Guardian/Caretaker:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 or older. By completing the attached income application, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your participants in our program. The completed form will be placed in our files and treated as confidential information. All participants in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

### Adult Day Care Sponsors

The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2018-June 30, 2019		
Household Size	Reduced Price Meals	
	Monthly	Yearly
1	\$1,872	\$22,459
2	\$2,538	\$30,451
3	\$3,204	\$38,443
4	\$3,870	\$46,435
5	\$4,536	\$54,427
6	\$5,202	\$62,419
7	\$5,868	\$70,411
8	\$6,534	\$78,403
For each additional family member add:	+\$666	+\$7,992

**Non-discrimination Statement:** "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

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### Sponsor Representative

### Phone Number

If you have questions about the CACFP and its administration, you may contact  
School and Community Nutrition, Kentucky Department of Education, 2 Hudson Hollow Suite B, Frankfort, KY 40601.

## MEMBERSHIP ROSTER OF PARTICIPANTS

Institutions must be able to identify each month's total number of participants and their eligibility classification.

**Each institution under a sponsoring organization must maintain a separate Membership Roster.**

**The Membership Roster should include the following:**

- The names of all participants enrolled and in attendance at the beginning of each new federal fiscal year (October 1) must be recorded on the Membership Roster. Names are added as new participants join the program. Additional pages may be attached as necessary. The Membership Roster may be completed by hand, or kept as an electronic document. If an electronic document is kept, a paper copy must be printed off at the end of each month and placed in the monthly folder.
- Institutions must ensure that participants' eligibility classification is correctly recorded under the eligibility portion of the Membership Roster (Free, Reduced or Paid).
- The Membership Roster should accurately reflect the number of those enrolled at the center for each month.
- Membership reported monthly is determined from the actual attendance records. If a participant has been in attendance one day or a portion of that day **and has a current, complete Enrollment Form/Income Application**, they are counted in the sponsor's membership for the month. An F, R, or P is recorded in the participant's monthly attendance column.
- The Membership Roster should be cross-referenced monthly with Attendance Records, Enrollment/Income Application Forms to ensure that only those participants in attendance with a current and complete Enrollment/Income Application Form each month are claimed in the membership counts.
- After membership is calculated for the month, the Membership Roster is copied and placed in the monthly folder. The original is placed in the next month's folder. If an electronic Membership Roster is kept, a paper copy must be printed off and kept in the monthly folder.

### **CACFP Instructions for completing the Membership Roster**

1. Fill in the information regarding the Center, Month/Year and Sponsor.
2. Organize Enrollment/Income Applications in alphabetical order by last name. (Some centers chose to use multiple Membership Roster forms and separate their forms by classrooms, age ranges, and by the letter their last name begins with).
3. Place Participant's Name under the Participant Name (Last, First) column. Remember to use their full name (no nicknames) as it appears on the Enrollment/Income Application.
4. Ensure Enrollment/Income Application Form is complete and then input the date the form was signed by the Participant or Guardian/Caretaker under the appropriate column.
5. Ensure Enrollment Form/Income Application is complete and record participant's eligibility (Free (F), Reduced (R) or Paid (P) under the Eligibility column.
6. Using the Daily Attendance Record at the end of the month, determine if the participant was in attendance for at least 1 day during the month. If the participant was in attendance, record the participant's eligibility under the claim month with an F, R or P.
7. Total the number of Free (F) Reduced (R) and Paid (P) participants that were in attendance for the month and record each total at the bottom of the page next to the appropriate letter.
8. Free (F) Reduced (R) and Paid (P) totals for participants in attendance for the month will be used in order to file the monthly claim.
9. If a participant withdraws during the month, place the date of withdrawal under the appropriate column.
10. Remember to perform an Edit Check to ensure all participants were in attendance with a valid Enrollment/Income Application Forms and all totals are correct prior to filing the claim.

## Membership Roster

\*CFR 226.15(e)(3)

## ATTENDANCE RECORDS

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance in the center. (A copy of the Attendance Record Form is on the following page). Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

However, a computer-generated attendance record is also acceptable. Institutions may design their own form, but it must contain, at a minimum, the information contained on the State Agency form.

Both the participant's first and last name must be included on the attendance record. **The name must be the same name that appears on the CACFP Adult Enrollment/Income Application Form, and Membership Roster.** Please be aware that **sign-in sheets are a licensing requirement, not a CACFP requirement.** **Sign-in sheets do not** replace attendance records. Institutions are encouraged to use the State Agency form. Participants who attend the center for any part of the day are considered present that day.

Failure to maintain daily attendance records or maintenance of inadequate daily attendance records will result in the recovery of CACFP reimbursement. Daily attendance records must be maintained on file for three years plus the current fiscal year.

### CACFP Instructions for Completing the Daily Attendance Record

Fill in the Month/Year and Sponsor Information.

1. Using the Membership Roster, record the names of the participants.
2. Take attendance and total columns daily.
3. Place daily attendance totals from the attendance record form on the Record of Meals Served (17-9) form under the column that says, "Total Daily Attend".

*\*Do not use the Daily Attendance Totals for Meal Count Submissions.*



## DAILY ATTENDANCE RECORD

**Month/Year** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

\*7 CFR 226.15(e)(4) and 226.17a(O)(1)

## RECORD OF MEALS SERVED

The Record of Meals Served Form is the official source of documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants. Institutions are encouraged to use the State Agency form. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from the Daily Attendance Records, sign-in sheets, licensed capacity or enrollment.** Institutions may claim reimbursement only for meals served to participants who are enrolled in the program, have attended at least part of a day, and have a **current, completed, signed and dated CACFP Adult Enrollment/Income Application Form on file.**

The Record of Meals Served Form also provides an area to record total daily attendance each day. Daily attendance figures are taken from Daily Attendance record and recorded under, “Total Daily Attendance”.

After the last meal service on the last serving day of the month, institutions shall record the amount of milk that was not served, in the space provided at the bottom of the next month’s Record of Meals Served. This amount will represent milk to be carried over to the Milk Reconciliation Form in the upcoming month.

The Daily Attendance Record is not the same as the “Record of Meals Served.” In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

Institutions are eligible to claim reimbursement for either two meals and one snack per participant per day or one meal and two snacks per participant per day.

## Instructions for completing CACFP Record of Meals Served Form

1. Record Center/Site Name.
2. Record Month/Year and record any carryover milk (milk leftover after the last meal service of the last day of the previous month) at the bottom of the page.
3. Place number of meals served next to the appropriate date. Total the daily meals and place in the meal total column.
4. For each meal service, list the number of staff/volunteers that were served meals under the PA (Program Adults) column. This column doesn't need to be totaled at the end of the month and is **not** included in the monthly claim for reimbursement.
5. At the end of the day, place total number of participants in attendance from the Daily Attendance Records under the Total Daily Attendance column.

*Reminder, the total number of meals served for each meal service should never exceed the Total Daily Attendance.*

6. At the end of the month, total all columns, Total Meals Served for each claimed meal service and Total Daily Attendance for the month. The totals are used to complete the Milk Reconciliation, Meal Totals and Total Daily Attendance are used for the monthly claim (total number of meals served for each meal service and total attendance for the month).

**Record of Meals Served  
Child and Adult Food Program  
Kentucky Department of Education  
School and Community Nutrition**

Name of Center: Month: 

Record of Meals Served to Participants					Program Adults		
Date	Breakfast	Lunch	PM Supplement	Total Daily Attend.	Breakfast	Lunch	PM Supp.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>Total</b>							

PA=Program Adults

Revised FY2015-2016

7CFR226.15(e)(4)

Milk on hand after last meal service of the previous month:

## **MENUS 7 CFR 226.15 (e) 10**

**All institutions are required to keep Menu Records.** Menus function as an important tool to ensure that centers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. Foods on the menus will be cross referenced with the purchases on food receipts and invoices. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Institutions are responsible for purchasing and preparing adequate amounts of each component for the number of participants being claimed during the meal service.

**Completed Menus must be posted/available and support food purchases.**

### **Meat/Meat Alternate Substitution during the Breakfast Meal:**

Be advised that the Meat/Meat Alternate substitution is allowable only in the CACFP. If you are a licensed facility, please be sure you are also following licensing requirements.

### **Indicating Substitutions:**

Any substitutions made should be indicated on the Weekly Menu at the beginning of the day or as soon as possible.

### **Identifying Whole Grain Rich (WRG) or Whole Wheat (WW) on Menus:**

Indicate the meal service in which the requirement is met for the day by using WGR or WW on the weekly menu.

### **Keeping WGR, WW and Yogurt Labels:**

Maintain labels as source documentation that the requirements were met.

**It is the responsibility of the center/sponsor to ensure that meals meet minimum requirements as to meal components and portion sizes per participant.** In addition, the institution or sponsoring organization should provide additional training to the cook in the use of the Food Buying Guide.

**The USDA Food Buying Guide instructs institutions in regards to how much should be purchased/prepared for reimbursement in the CACFP. This guide may be found online at:**

### **Food Buying Guide:**

<http://fbg.nfsmi.org/>

### **Catered Meals:**

For catered meals, please see the Catering Guidance Handbook.

<http://education.ky.gov/federal/SCN/Pages/Catering-Resources.aspx>

### **Field Trips:**

Field trips are allowed. The following items need to be addressed.

- 1) Check with the local health department and licensure to ensure approval of the field trip plan.
- 2) Notify the Sponsoring Organization or the State Agency (whichever is appropriate) in writing (email) that the children will be out of the center for that meal (date and times).
- 3) Change the menu to reflect any changes in the meal being served on the field trip.
- 4) Keep proper documentation such as meal counts.

## Combination Dishes:

Products or recipes containing foods from more than one food group.

- 1) Can only be credited for no more than two meal pattern components.
- 2) This will ensure that the participants do not go hungry when a combination dish is disliked or not eaten.

## Processed Combination Dinners:

Child Nutrition (CN) and Manufacturer Labels – Ensure that all commercially processed combination dishes (i.e., those dishes containing more than one meal pattern component) have a CN label or manufacturer's product analysis sheet to verify that meal pattern requirements are being met. If a CN label/manufacturer's product analysis sheet is not available, verify that another creditable food is added in sufficient quantity to meet the meal pattern requirements.

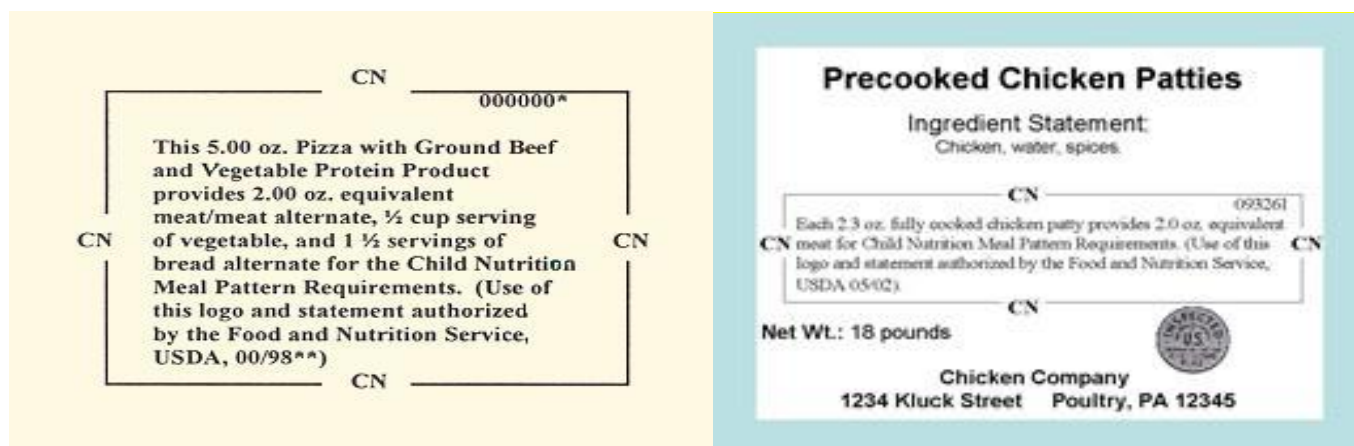
- 1) Commercially processed combination foods must have a **CN label** or a **Product Formulation Statement** from the manufacturer stating the food component contribution to the meal pattern.
- 2) It is **Highly Recommended** not to serve processed meats, such as sausage, hot dogs and cold cuts more than twice a month.
- 3) Meals containing processed food without a CN label or a **Product Formulation Statement** may be **disallowed**.

## Child Nutrition (CN) Label:

Documenting CN Labeled Products Requirements

The CN Label is the gold standard for verifying the crediting of menu items and provides a warranty against audit claims when the product is used according to the manufacturer's instructions. Valid and acceptable documentation for the CN Label is:

- 1) The original CN Label from the product carton; or
- 2) a photocopy of the CN Label shown attached to the original product carton; or a photograph of the CN Label shown attached to the original product carton. (CN Labels that are photocopied or photographed must be visible and legible.)- *USDA Policy Memo-CACFP09-2015*



The CN Label clearly specifies what food components and serving sizes are provided by the product.

## Product Formulation Statement (For items where a CN label is not available):

The PFS should only be requested when reviewing a processed product *without* a CN Label.  
*USDA Policy Memo-CACFP09-2015*

Example of a Product Formulation Statement:

Fish - 0.5 oz stick  $\times$  0.25 (25% Fish)  $\times$  0.75 (USDA yield factor) = 0.0975 oz/stick  
Soy Protein concentrate - 0.5 oz stick  $\times$  0.066 (6.6% SPC)  $\times$  3.6 Hydration factor  $\times$  1.00 (USDA yield factor) = 0.1188 oz/stick  
0.0975 oz + 0.1188 oz = 0.2163 oz meat/meat alternate per stick

7 Sticks  $\times$  0.2163 oz meat/meat alternate per stick = 1.51 oz meat/meat alternate

Seven 0.5 oz sticks would provide 1.50 oz equivalent meat for Child Nutrition.

**DISCLAIMER: This product contains grains that are not creditable in school meal programs. Additional grains must be served to meet meal pattern requirements.**

**Please note this item is not currently produced to CN standards, nor is CN approved.**

The information in the Product Formulation Statement cannot be found in the Nutrition Facts, it must come from the manufacturer.

Nutrition Facts		(-) Information is currently not available for this nutrient.	
Serving Size	84 G	* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:**	
Servings Per Container	7		
Amount Per Serving		** Percent Daily Values listed below are intended for adults and children over 4 years of age. Foods represented or purported to be for use by infants, children less than 4 years of age, pregnant women, or lactating women shall use the RDI's that are specified for the intended group provided by the FDA.	
Calories	210.0		
Calories From Fat	80		
	% Daily Value		
Total Fat 9 G	18%	Total Fat	Calories: 2,000 2,500
Saturated Fat 1.5 G		Less than	65g 80g
Trans Fat 0 G		Sat. Fat	Less than 20g 25g
Cholesterol 10 Mg		Cholesterol	Less than 300mg 300mg
Sodium 540.0 Mg		Sodium	Less than 2400mg 2400mg
Total Carbohydrate 24 G		Potassium	3500mg 3500mg
Dietary Fiber 2 G		Total Carbohydrate	300g 375g
Sugars 2 G		Dietary Fiber	25g 30g
Protein 9 G	18%	Calories per gram:	
Vitamin A	0%	Fat 9 • Carbohydrate 4 • Protein 4	
Vitamin C	0%		
Calcium	2%		
Iron	8%		

In examining the **Product Formulation Statement**, the CACFP serving sizes required for this product would be:

Adults would need 9.5-10 sticks for lunch/supper. 134.691g-141.78g (over serving size of 84g)

Some Processed Foods Are Not Cost Effective!

Since the amount required for adults is greater than the serving size stated by the manufacturer, the amount of servings per box will be less than what the nutrition label states. This means more boxes will need to be purchased in order to meet the meat/meat alternative requirement per adult. This excess purchasing will cause an increase in food costs. Why not spend the extra money on non-processed foods instead!

**Procedure for Handling Leftovers:**

CACFP Institutions should utilize proper menu planning and production practices to reduce leftovers.

If the CACFP Institution has a significant amount of leftovers the Institution should consider the following options:

- Using the leftovers in a subsequent meal
- Offer seconds to all CACFP participants

Where it is not feasible to reuse leftovers, excess food may be donated to a non-profit organization, such as a community food bank, homeless shelter, or other nonprofit charitable organizations.

The charitable organization must be tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986. All State Food Codes must be followed.

**Internal procedure for Donated Food –*USDA Policy Memo, CACFP 05-2012:*****Institutions and Sponsors Accepting Donated Food**

Institutions may accept donations of food.

Documentation must include the date of the donation along with an itemized list of what was donated and how much.

The value of the donated items cannot be used as part of the monthly food cost justification.

**Institution and Sponsor Donating Leftover Food:**

Institutions may donate leftover food to local food banks or other charitable organizations with 501(c)(3) tax exempt status.



**ADULT MEAL PATTERN**

<b>Breakfast</b> (Select all three components for a reimbursable meal)	
<b>Food Components and Food Items<sup>1</sup></b>	<b>Minimum Quantities</b>
<b>Fluid Milk<sup>2</sup></b>	8 fluid ounces
<b>Vegetables, fruits, or portions of both<sup>3</sup></b>	½ cup
<b>Grains (oz eq)<sup>4,5,6</sup></b>	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>7</sup> , cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>7,8</sup>	
Flakes or rounds	2 cups
Puffed cereal	2 ½ cups
Granola	½ cup

<sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus serve is an option for adult participants.

<sup>2</sup> Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>4</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

<sup>5</sup> Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

<sup>6</sup> Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

<sup>7</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

<sup>8</sup> Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 ½ cups for adults.

## ADULT MEAL PATTERN

<b>Lunch and Supper</b> (Select all five components for a reimbursable meal)	
Food Components and Food Items <sup>1</sup>	Minimum Quantities
Fluid Milk <sup>2,3</sup>	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product <sup>4</sup>	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	½ cup
Peanut butter or soy nut butter or another nut or seed butter	4 tbsp
Yogurt, plain or flavored, sweetened or unsweetened <sup>5</sup>	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50%
Vegetables <sup>6</sup>	½ cup
Fruits <sup>6,7</sup>	½ cup
Grains (oz eq) <sup>8,9</sup>	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	1 cup

<sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus serve is an option for adult participants.

<sup>2</sup> Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> A serving of fluid milk is optional for suppers served to adult participants.

<sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.

<sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

<sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

<sup>9</sup> Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

<sup>10</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

## ADULT MEAL PATTERN

<b>Snack</b> (Select two of the five components for a reimbursable meal)	
Food Components and Food Items <sup>1</sup>	Minimum Quantities
Fluid Milk <sup>2</sup>	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product <sup>3</sup>	1 ounce
Cheese	1 ounce
Large egg	½
Cooked dry beans or peas	¼ cup
Peanut butter or soy nut butter or another nut or seed butter	2 tbsp
Yogurt, plain or flavored, sweetened or unsweetened <sup>4</sup>	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables <sup>5</sup>	½ cup
Fruits <sup>5</sup>	½ cup
Grains (oz eq) <sup>6,7</sup>	
Whole grain-rich or enriched bread	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>	
Flakes or rounds	1 cup
Puffed cereal	1 ¼ cup
Granola	¼ cup

<sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

<sup>2</sup> Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>3</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.

<sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>5</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>6</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

<sup>7</sup> Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

<sup>9</sup> Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 ½ cups for adults.

## Meal Pattern Requirements for Adults

No food items are allowed to be deep-fat fried on-site.

### Milk:

- The appropriate type of milk is listed for each age group:
  - Ages 6-18 years and Adults: Unflavored low-fat, unflavored fat-free, or flavored fat-free milk.

### Meat/Meat Alternatives:

- The Meat/meat alternate substitution for breakfast is a CACFP practice. If you are a licensed facility, please be sure you are also following licensing requirements.
- Meat/meat alternates may replace the entire grains component at breakfast a maximum of three times per week.
- Yogurt contains no more than 23 grams of sugar per 6 ounces. (Retain Nutrition Facts Label)
- $\frac{3}{4}$  cup (6 oz.) of yogurt may be used to meet the milk requirement when yogurt is not served as a meat alternate in the same meal once per day.
- Tofu and soy yogurt may be served as a meat alternate.

### Fruits/Vegetables:

- A vegetable and fruit must be served during lunch and supper meals. The fruit component may be substituted for a vegetable at lunch and supper meals; when two vegetables are served, they are two different kinds of vegetables.
- Juice is limited to once per day.

### Grains:

- At least one serving of grains per day must be whole grain-rich. *CACFP 09-2018*

Any **one** of the following six options may be used to determine if a grain product meets the whole grain-rich criteria. Use of these methods is intended to be flexible so that individual operators, who may use different methods to purchase food (such as wholesale or retail), can easily identify creditable whole grain-rich foods. The operator must only ensure that a food meets at least **one** of the following to be considered whole grain-rich:

1. The product is found on any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved whole grain food list.
2. The product is labeled as "whole wheat" and has a Standard of Identity issued by the U.S. Food and Drug Administration (FDA).
3. The product includes one of the following Food and Drug Administration approved whole-grain health claims on its packaging, exactly as written.

4. The food meets the whole grain-rich criteria under the NSLP.
5. The food meets FNS' *Rule of Three*, a three-step process for identifying whole grain-rich products in the CACFP.
6. Proper documentation from a manufacturer or a standardized recipe demonstrates that whole grains are the primary grain ingredient by weight.
  - Breakfast cereals contain no more than 6 grams of sugar per dry ounce.
  - No grain-based desserts are included on the menu.

*Adult Day Care*

## WEEKLY MENU RECORD

Year: \_\_\_\_\_

Week: \_\_\_\_\_

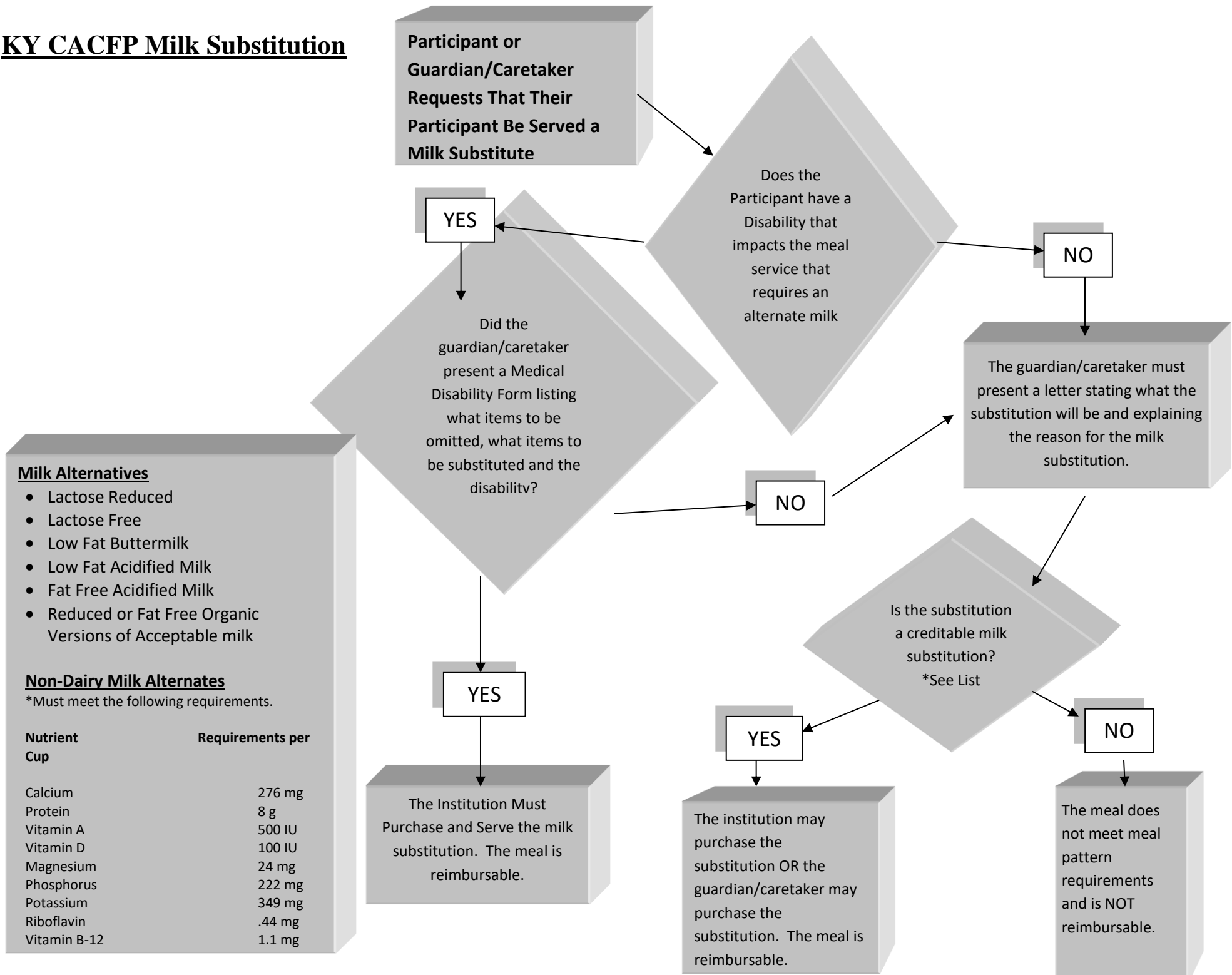
Month: \_\_\_\_\_

Site \_\_\_\_\_

Menu Item	Monday	Date	Tuesday	Date	Wednesday	Date	Thursday	Date	Friday	Date
<b>Breakfast</b>										
Milk										
Meat/Alt.										
Vegetable/ Fruit										
Grains		WG		WG		WG		WG		WG
Grains		WG		WG		WG		WG		WG
<b>Lunch</b>										
Milk										
Meat/Alt.										
Vegetable										
Fruit/ Vegetable										
Grains		WG		WG		WG		WG		WG
Grains		WG		WG		WG		WG		WG
<b>P.M. Snack</b>										
Milk										
Meat/Alt.										
Vegetable										
Fruit										
Grains		WG		WG		WG		WG		WG



**KY CACFP Milk Substitution**



## **CACFP Instructions for Completing the Medical Statement for Participants with Special Dietary Needs**

### **Participant or Guardian/Caretaker Section**

1. Fill in information located in the first section. To be completed by a Parent, Guardian, or Authorized Representative”.
2. Medical Authority must sign and date. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must Print their name, title, and give the telephone number where they may be contacted.
4. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Participant or Guardian/Caretaker.

### **Sponsor Information**

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Participants or Guardians/Caretakers may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

# MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

<b>To be completed by a Parent, Guardian, or Authorized Representative</b>											
<b>Participant's Name:</b>		<b>Birthday:</b>									
<b>Parent/Guardian/Authorized Representative name:</b>											
<b>Home Phone: (    )</b>		<b>Work Phone: (    )</b>									
<b>Address:</b>											
<b>City:</b>	<b>State:</b>	<b>Zip:</b>									
<input type="checkbox"/> Participant has a disability or medical condition and requires/requests a special meal or accommodation. <b>(*Recognized Medical Authority must sign)</b>											
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>(Substitutions made at the discretion of the center.)</b>  <b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b> <table border="0"> <tr> <td>a. Calcium 276 mg</td> <td>d. Vitamin D 100 IU</td> <td>g. Potassium 349 mg</td> </tr> <tr> <td>b. Protein 8 g</td> <td>e. Magnesium 24 mg</td> <td>h. Riboflavin .44 mg</td> </tr> <tr> <td>c. Vitamin A 500 IU</td> <td>f. Phosphorus 222 mg</td> <td>i. Vitamin B-12 1.1 mcg</td> </tr> </table>			a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg	b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg	c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg
a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg									
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg									
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg									
<b>Foods to be omitted:</b>		<b>Substitutions:</b>									
_____		_____									
_____		_____									
_____		_____									
<b>Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):</b>											
_____											
_____											
_____											
<b>Please provide any other information regarding the diet:</b>											
_____											
_____											
_____											

*\*Recognized Medical Authority: Anyone who can prescribe medication.*

\_\_\_\_\_  
Physician/Medical Authority's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Telephone

*\*7 CFR 226.20 (h) & Policy Memo: CACFP 13-2015*

## PROGRAM COSTS DOCUMENTATION

Every institution that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be maintained on file for three years plus the current year.**

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to the FNS -Instruction 796-2, Rev. 3 or contact the State Agency if you have questions about allowable expenses.

### **Food and Milk Documentation:**

**Allowable Costs:** price of purchased foods referenced to menus, invoices, a food service management company or caterer.

**Not Allowable:** value of donated foods; cost of food lost as a result of fire, water, spoilage or other contamination in excess of \$100; fast food, personal groceries or items such as cigarettes, soda, dog food, etc.

### **Minimum Records that Support Cost of Food & Milk Used:**

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased);
- b. Canceled checks;
- c. Food inventory records;
- d. Records of cash discounts and other credits when they are not shown on purchase orders and/or invoices;
- e. Menus;
- f. Invoices from the food management company, caterer or school (reported as cost of food used);
- g. Daily delivery tickets that include components served, as well as the name of the catering source, date, number of meals ordered and number of meals delivered. These also must be signed and dated by vendor staff delivering meals and sponsor staff receiving meals.

The daily delivery tickets should be compared to the monthly invoice received from the vendor to ensure that the sponsor was charged for the correct number of meals ordered.

### **Non Food Cost Documentation:**

**Allowable Costs:** Examples are: paper goods (napkins, straws, cups, etc.), cleaning supplies for kitchen and dining room.

**Not Allowable:** Examples are: general day care supplies or arts/crafts projects, games, videos, laundry and general cleaning supplies not used in the food service area.

### **Minimum Records that Support Nonfood Supplies and Expendable Equipment:**

- a. Invoices, bills, receipts, (all receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the non-food was purchased);
- b. Canceled checks;
- c. Bank statements.

Note: Canceled checks and bank statements will be used only to verify payment of original receipts, and cannot be used as the only source of documentation.

If non-food items are used as part of the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.) the total amount can be claimed. If only a portion of the product purchased is used for the food program (i.e. trash bags, paper towels), then only half of the cost and tax can be claimed. Non-food items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in program costs.

Tax may be claimed for non-food items under “Non-Food” on the Record of Expenditures, Form 17-8.

### **Program Labor Costs:**

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee’s wages from some other source, it cannot be claimed as a cost to the Program.

**Allowable Direct Costs:** wages paid for preparing and serving food; wages paid to personnel who assist participants at mealtime; wages paid for on-site preparation of records required for the food program. Program Labor duties include cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.

**Not Allowable:** volunteer labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

### **Minimum Records that Support Program Labor Costs:**

- a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by copies of their pay stubs in the monthly folder.
- b. Personnel Activity Reports (PAR) – are maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee at the end of the month. The PAR must be calculated, signed and dated by the employee’s supervisor. The PAR must be maintained in the monthly folders.

**Program Administrative Costs:**

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

**Allowable Direct Costs:** wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs).

**Not Allowable:** volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

**Minimum Records that Support Administrative Costs:**

- a. Payroll records (bank statements, canceled checks, pay stubs, etc.).
- b. Personnel Activity Reports are daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
- c. Mileage documentation.
- d. Rental agreements and invoices for office equipment or office space.
- e. Invoices and canceled checks for any costs claimed as an administrative expense.

## **CACFP Instructions for Completing the Personnel Activity Report (PAR)**

### **Employee Section: (To be completed daily by the employee)**

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the, "Non CACFP Hours Worked" column.
4. Total the columns for each row and place the total under the, "Total Hours Worked" for each day claimed.
5. At the end of the month the employee will, sign and date the form, verifying the information provided is correct.

### **Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)**

#### **A. Hourly Paid Staff**

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).

*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).
3. The employee's name and dollar amount claimed should be listed at the bottom of the Record of Expenditures Form.

#### **B. Salaried Staff**

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).

*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).
3. Verify totals, sign and date form.

# PERSONNEL ACTIVITY REPORT

**Employee Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on program labor activities related to the CACFP. Administrative labor may only be claimed if indicated and approved on the CNIPS application. Examples of CACFP administrative activities include, but are not limited to: monitoring, recordkeeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This is one of the forms that will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>TOTAL</b>				

I certify that this is an accurate record of the number of hours worked on the CACFP.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

1. Total administrative hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total administrative CACFP salary)

2. Total program labor hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total program labor CACFP salary)

**B. (SALARIED STAFF)**

3. Total administrative hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_%  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_% = \$\_\_\_\_\_ (Total admin. CACFP salary)

4. Total program labor hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_%  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_% = \$\_\_\_\_\_ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. Signature of Center Director/Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

\*7 CFR 226.15(e)



## **RECORD OF CACFP PROGRAM EXPENDITURES FOR THE MONTH**

The Record of CACFP Program Expenditures Form for the Month is used to record all of the expenses to justify the reimbursement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every month, institutions will use the totals from their monthly Record of CACFP Program Expenditures for the Month to record their program costs on the Justification for Reimbursement Form. Institutions will use the Justification for Reimbursement Form to record their quarterly/yearly expenses in the ACQR (Actual Cost Quarterly Report) in CNIPS.

The Record of Expenditures Form may be completed throughout the month or at the end of the month as long as the form is complete before the claim is submitted.

Recording the quantity of milk purchased on the Record of Expenditures Form will assist in completing the monthly milk reconciliation. The milk reconciliation determines whether or not enough milk has been served and/or purchased to meet meal pattern requirements.

### **CACFP Instruction for Completing the Record of Expenditures Form**

1. List the month, Sponsoring Organization, Center and CNIPS Number.
2. Record the date, name of store/Food Management Company, food, quantity of milk purchased (in gallons, pints or ½ gallons) and any non-food expenses (chronological order) as purchases are made.
3. At the end of the month, place information from all Personnel Activity Reports at the bottom of the form. The employee's name should be listed above the totals row under the "Name of Store, Vendor, Food Management Company or Program Labor" column and expenses for payroll under the Program Labor column.
4. If Program Administrative Costs are claimed, place information from all Personnel Activity Reports at the bottom of the form. The employee's name should be listed above the totals row under the "Name of Store, Vendor, Food Management Company or Program Labor" column and expenses for payroll under the Program Administrative Costs column.
5. Total all columns and record information in the Justification for CACFP Reimbursement Form which will later be used to complete the Actual Cost Quarterly Report (ACQR).
6. File completed form in the monthly CACFP folder.

## SPONSORING ORGANIZATION

## CENTER

## CNIPS NUMBER

**Totals**

50

## **CACFP Instructions for Completing the Milk Reconciliation Form**

1. Record the number of, “Carry Over Milk” from the bottom of the current month Record of Meals Served.
2. Input any milk purchased in gallons from the current month. Note: If half pints were purchased, they will need to be converted to gallons prior to recording them in the column. (*half pint to gallon converter can be found at: <http://www.calculateme.com/Volume/Pints/ToGallons.htm>*).
3. Add the gallons of milk purchased and the amount of carry over milk and multiply by 128 (a) (the number of ounces in a gallon) and record in the box below (a).
4. Record total numbers from the Record of Meals Served to the corresponding boxes for Breakfast, Lunch and Supper (*or totals for meals in the bottom columns*).
5. Using the menus for the month and the Record of Meals Served form, record the number of meals for every day that milk was served as a component for snack.
6. Multiply column total by the number below (Which is the number of ounces of milk required for that age at the specific meal service) and place answer under the appropriate column next to the, “=” box.
7. Add ounces of milk served totals (items with a 4, 6, or 8 above) and place answer under the, “Total (b)” box.
8. Place answers located under (a) and (b) in the corresponding blanks.
9. Subtract (a)-(b) and put the answer in blank (c).
10. Divide (c) by 128 and place answer in blank.
11. If answer is negative, then not enough milk was served or purchased.
12. If there is a milk shortage, meals will be disallowed.

**If the shortage is found to be significant, the Institution may be found to be Seriously Deficient.**

# Milk Reconciliation

Sponsor Name		Month/ Year						
	<b>Breakfast</b>	<b>AM Snack</b>	<b>Lunch</b>	<b>PM Snack</b>	<b>Supper</b>	<b>LN Snack</b>	<b>Milk</b>	
							Carry Over Gallons	
							+ Gallons Purchased	
<b>Total</b>							= Total Gallons of Milk	
<b>X</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	Total Ounces of Required Milk (b)	X 128(a)
<b>=</b>								
<i>Only count the snacks on the Record of Meals served where Milk was served as a component.</i>								

(a) \_\_\_\_\_ Total ounces of purchased milk

(b) \_\_\_\_\_ Total ounces of Required milk

(a)-  
(b)=(c) \_\_\_\_\_ ounces overage or shortage of milk

(c) \_\_\_\_\_ ounces divided by 128 oz./gal.=

**Total** \_\_\_\_\_ gallons of milk above/below amount of milk needed

## **CACFP Instructions for Completing the Justification for Reimbursement Form**

1. Using the Record of Expenditures Form for the month, record totals for Food, Non-Food, Program Labor and Administrative Costs.
2. Total expenditures for the month and place in column labeled, “Total Expenditures By Month”.
3. Record Reimbursement Amount using the amount of CACFP Reimbursement received for the month.
4. Subtract the total expenditures by month by the Reimbursement Amount and place total under the, “Difference” column.
5. To calculate percentage spent on food, divide food costs by Reimbursement Amount and multiply answer by 100. Place answer under, “% Spent on Food”.

**Justification for CACFP Reimbursement**    Sponsor/Site Name: \_\_\_\_\_ CNIPS ID \_\_\_\_\_

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	*% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

\*FNS 796-2(IV) and 7 CFR 226.15(e)(6)

\* Food Expenses divided by Reimbursement = % Spent on Food

## **Actual Costs Quarterly Reporting**

### **ACQR (Actual Costs Quarterly Reporting) and Justification for Reimbursement**

FNS796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

In order to justify the reimbursement received, the State Agency requires that all institutions report their actual costs. The State Agency will review the costs to ensure that institutions are being fiscally responsible with CACFP funds.

**There are 3 options for reporting actual costs:**

**NOTE: Sponsors/Institutions should complete 1 of the 3 options listed below in addition to the monthly Record of Expenditures.**

1. Institutions which have been completing the quarterly ACQR Report in CNIPS can continue to do so. If reporting quarterly, the ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The ACQR can be completed in CNIPS at <https://cnips.education.ky.gov/cnips/>
2. Institutions can submit a one-time, annual ACQR in CNIPS by combining the costs for all of the months (Oct – Sept) and recording the totals in just one section of the ACQR (Due annually by October 20th).
3. Institutions can complete the electronic or paper version of the “Justification for CACFP Reimbursement” form which can be found on the State Agency website and submit it to their CACFP consultant by October 20th.

Institutions must complete at least one of these options each fiscal year. Not doing so will result in an administrative review.

## **Pre-Approval Site Request/Visit Form**

Sponsoring Organizations requesting to add sites to the existing CNIPS Application are required to complete a Pre-Approval Visit/Site Request Form. The form along with the sites current license must be submitted it to the State Agency staff assigned to the CNIPS application.

Once the Site Request has been accepted, the State agency will establish a CNIPS Site Application in CNIPS to be completed and submitted for approval by the institution.

If acceptable, the State Agency will approve the Site Application and the Site may then begin to claim the approved meals for the month which the site application was approved.



**PRE-APPROVAL SITE REQUEST/VISIT FORM**  
TO BE CONDUCTED BY SPONSOR

Sponsor Name \_\_\_\_\_ CNIPS # \_\_\_\_\_

Address \_\_\_\_\_

1. Center Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Director \_\_\_\_\_

Type of Center: \_\_\_ Child Care \_\_\_ Outside School Hours

\_\_\_ Head Start \_\_\_ Homeless \_\_\_ ADC \_\_\_ Title XIX (ADC)

2. Licensed Capacity \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Total number of participants enrolled \_\_\_\_\_ Number in attendance \_\_\_\_\_

4. Indicate type of meals to be claimed for reimbursement.

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Night Snack
Time of Meal Service						
Estimated Number to be Served						

5. How will meals be provided? \_\_\_\_\_ Self-Preparation \_\_\_\_\_ Contract \_\_\_\_\_ Central Kitchen \_\_\_\_\_ Other

6. Has center staff been trained according to USDA meal pattern requirements? \_\_\_ Yes \_\_\_ No

7. Is an enrollment form on file for each participant? \_\_\_ Yes \_\_\_ No

8. Will family size and income information be obtained for each participant? \_\_\_ Yes \_\_\_ No

9. Have recordkeeping requirements been explained and discussed with the center director? \_\_\_ Yes \_\_\_ No

10. Date that Center's Staff received Civil Rights Training? \_\_\_\_\_

11. List names of personnel responsible for CACFP Administration and Food Service. Include specific duties assigned to each.

Administration	Duties
Food Service	Duties

12. Has racial/ethnic information been collected on the area to be served? \_\_\_ Yes \_\_\_ No

13. Has the center participated in CACFP before? \_\_\_ Yes \_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Center Director

Date

Authorized Sponsor Representative

Date

## **Monitor Reviews**

### **(For Sponsoring Organizations with more than one site)**

Monitoring sponsored centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed.

#### **Monitor Review Checklist:**

- 3 reviews conducted each fiscal year
- 2 reviews must be unannounced
- Time between Reviews must not be more than 6 months (i.e. Oct., Feb., June)
- A meal service must be observed for at least 1 review
- Must ensure that review time is varied
- The Monitor Review Form must be complete and any/all technical assistance listed on the form

*A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.*

**A copy of the Monitor Review form may be found on the State agency website:**

<https://education.ky.gov/federal/SCN/Pages/AdultCareElectronicForms.aspx>

# CACFP APPEALS PROCEDURE

## Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k)).

- (1) An institution including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, and responsible principals and responsible individuals, may appeal the following adverse actions pursuant to 7 CFR § 226.6(k)(2):
  - (a) Denial of a new or renewing institution's application for participation;
  - (b) Denial of an application submitted by a sponsoring organization on behalf of a facility;
  - (c) Notice of proposed termination of an institution;
  - (d) Suspension of an institution's participation;
  - (e) Denial of an institution's application for start-up payments or expansion payments;
  - (f) Denial of an advance payment;
  - (g) Denial of all or part of a claim for reimbursement;
  - (h) Notice of proposed disqualification of a responsible principal or a responsible individual;
  - (i) Recovery of all or part of an advance in excess of the claim for the applicable period;
  - (j) Decision by the Kentucky Department of Education, Division of School and Community Nutrition (division) not to forward to Food and Nutrition Service (FNS) an exception request by an institution for payment of a late claim, or a request for an upward adjustment to a claim;
  - (k) Demand for the remittance of an overpayment; or
  - (l) Any other action of the division affecting the participation of an institution in the program or the institution's claim for reimbursement.
- (2) Adverse actions not subject to appeal include the following adverse actions pursuant to 7 CFR § 226.6(k) (3):
  - (a) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim;
  - (b) Determination of serious deficiency;
  - (c) Division's determination that corrective action is inadequate;
  - (d) Disqualification and placement on the division's list and National disqualified list;
  - (e) Termination;
  - (f) Decision regarding removal from National disqualified list by the division or FNS;
  - (g) Division's refusal to consider an application submitted by an institution or facility on the National disqualified list.

## Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

- (1) The division must provide written Notice of Action to an institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals.
- (2) The Notice of Action shall give notice of the adverse action being taken or proposed, the basis for the action, and the procedures under which the institution and the responsible parties or responsible individuals may request an administrative review of the action.
- (3) The Notice of Action may be sent by certified mail, return receipt requested, e-mail or by facsimile.
- (4) The Notice of Action shall state that the appeal shall be made within the timeframe set forth in Section 4 of this policy and the appeal shall meet the requirements set forth in Section 3 of this policy.

## Section 3. Filing An Appeal.

- (1) A program institution, responsible principal, or responsible individual aggrieved by an adverse action of the division may appeal the adverse action by filing a timely request for an appeal. The request shall be filed with the Office of Legal, Legislative, and Communication Services, Department of Education, 300 Sower Blvd. 5th. Floor Frankfort, KY 40601

- (2) If the institution or responsible principals and responsible individuals want a hearing the institution of responsible principals and/or individuals must specifically request it in the written request for appeal otherwise the administrative review official will consider the appeal based on written information only.

#### **Section 4. Appeal Timelines.**

- (1) The request for appeal shall be written and shall be postmarked or received no later than 15 days after the date the notice of adverse action is received.
- (2) The division shall acknowledge receipt of the request for an appeal within ten (10) days of its receipt of the request.
- (3) Any information on which the division's action was based shall be available for inspection by the institution and the responsible principal and responsible individual from the date of receipt of the request for an appeal.

#### **Section 5. Appeal Procedures.**

- (1) The division shall forward any request for appeal to the Director of Administrative Hearings Branch, Office of the Attorney General for the Commonwealth of Kentucky to designate an administrative review official. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the division.
- (2) The administrative review official must be independent and impartial. This means that he/ she must not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.
- (3) During the appeal process, the institution, responsible principal, or responsible individual shall:
  - (a) Self-represent;
  - (b) Be represented by legal counsel; or
  - (c) Be represented by another person.
- (4) The division's action shall remain in effect during the appeal process. However, participating institutions and sites may continue to operate the Program during an appeal, and if the appeal results in overturning the division's decision, reimbursement shall be paid for eligible meals served during the appeal process. However, such continued operation shall not be allowed during the pendency of the appeal if the division's action is based on imminent danger to the health or safety of children.
- (5) The institution and the responsible principals and responsible individuals may refute the findings contained in the Notice of Action in person or by submitting written documentation to the administrative review official. In order to be considered, written documentation must be submitted to the administrative review official not later than 30 days after receipt of the Notice of Action.
- (6) If a hearing is requested:
  - (a) The administrative hearing procedures of Kentucky Revised Statutes, Chapter 13B shall apply, except as provided in subsection (10) below.
  - (b) Except as provided in subsection (8) of this section, the institution, the responsible principal and responsible individual, and the division shall be provided with at least ten (10) days advance notice of the time and place of the hearing;
  - (c) If the institution's representative or the responsible principal and responsible individual or their representative fail to appear at the scheduled hearing, the right to a personal appearance before the designated hearing officer shall be waived unless the designated hearing officer agrees to reschedule the hearing; and
  - (d) A representative of the state agency shall be allowed to attend the hearing to respond to the testimony of the institution and the responsible principal and responsible individual and to answer questions posed by the designated hearing officer.

- (7) The designated administrative review official shall be make a determination based solely on the information provided by the state agency, the institution, and the responsible principal and responsible individual and based on federal and state laws, administrative regulations, and policies and procedures governing the program.
- (8) Within sixty (60) days of the division's receipt of the request for an appeal, or ten (10) days if the matter under appeal is a suspension of participation based on false or fraudulent claims, the designated administrative review official shall inform the division, the institution's executive director and chairman of the board of directors, and the responsible principal and responsible individual of the outcome of the appeal.
- (9) The determination by the administrative review official is the final administrative determination to be afforded to the appellant.
- (10) The final order of the administrative review official shall be subject to judicial review in accordance with Kentucky Revised Statutes Chapter 13B.140, except that:
  - (a) All appeals of a final order shall be filed in Franklin Circuit Court.

## TO DO LIST FOR NEW/RENEWING INSTITUTIONS

After attending State agency training, please complete the following:

- Complete the on line CNIPS application and submit to the State Agency.
- Distribute **current year** Enrollment/Income Application to parents/guardians, and or clients. Collect and classify participants as “free, reduced, or paid.”
- During the **first month** of participation in the CACFP, complete the Membership Roster of enrolled participants.
- Conduct In-Service Training within **four weeks** of attendance at State Agency Training.
- Complete Catering Procurement immediately following New Sponsor Training if applicable.
- Complete the appropriate procurement within the first **four weeks** of attendance at the State Agency Training.
- Display the “And Justice for All” poster in a prominent place.
- **New institutions only, submit the news release to a media source and a grassroots organization. File the original in the CACFP folder labeled, “News Release”.**

Maintain the following records beginning the first day of participation:

- a. Daily Attendance Records
- b. Record of Meals Served
- c. Menu Records (Participant and Infant)
- d. Receipts, Invoices, any documentation of food and non-food costs
- e. Personnel Activity Report(s)

**Please note that this list is not inclusive of all documentation that must be maintained!!!**

## CACFP REFERENCE SHEET

Monthly Membership-Information Needed for Claim			
<b>Enrollment/Income Forms</b> <ul style="list-style-type: none"> <li>Completed and signed annually by Participant or Guardian/Caretaker or Client</li> <li>May have multiple participants on one form</li> <li>Days and hours normally in care and meals received are noted</li> <li>Sponsor use only section completed and signed by director</li> </ul>	<b>Attendance Records</b> <ul style="list-style-type: none"> <li>Completed daily</li> <li>Name matches participant's name on Enrollment Form</li> <li>Totaled daily</li> <li>Used to cross-reference membership and calculate total daily attendance</li> </ul>	<b>Membership Roster</b> <ul style="list-style-type: none"> <li>Completed monthly</li> <li>Name matches participant's name on Enrollment Form</li> <li>Numbers totaled at the end of the month are reported on the monthly claim</li> </ul>	
Meal Counts-Information Needed for Claim			
<b>Menus</b> <ul style="list-style-type: none"> <li>Must meet meal pattern guidelines</li> <li>Current month posted</li> <li>Food must be creditable</li> <li>Copies placed in monthly folder</li> </ul>	<b>Menus, Continued</b> <ul style="list-style-type: none"> <li>All menus must be maintained</li> <li>Substitutions must be noted on all menus before the meal service</li> </ul>	<b>Total Daily Attendance</b> <ul style="list-style-type: none"> <li>Recorded on 17-9 daily</li> <li>Meals served cannot be greater than the number of participants in attendance</li> </ul>	<b>17-9 Record of Meals Served</b> <ul style="list-style-type: none"> <li>Completed during the meal service</li> <li>Number of meals served must be totaled daily and monthly</li> <li>Total meals at the end of the month are reported on the monthly claim</li> </ul>
Costs/Documentation of-Information Needed for ACQR			
<b>Food and Non-Food</b> <ul style="list-style-type: none"> <li>Receipts                             <ul style="list-style-type: none"> <li>Originals only</li> <li>Program related items only</li> <li>Purchases related to menu items</li> </ul> </li> <li>Invoices from caterers, if applicable</li> <li>Delivery Tickets, if applicable</li> </ul>	<b>Program Labor</b> <ul style="list-style-type: none"> <li>Personnel Activity Report</li> <li>Completed daily by employee</li> <li>Signed by employee</li> <li>Pay Stubs are used for full time food service staff</li> </ul>	<b>17-8 Record of Program Expenditures</b> <ul style="list-style-type: none"> <li>Completed monthly</li> <li>Food costs recorded from receipts</li> <li>Amount of milk purchased is recorded using receipts</li> <li>Program Labor recorded</li> <li>Non- food costs recorded from receipts</li> </ul>	<b>Procurement</b> <p><b>Micro-Purchase Procurement</b></p> <p><b>Small Purchase/Informal</b></p> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>6 most commonly used items</li> <li>3 price comparisons</li> </ul> <p><b>Formal Bid Procurement</b></p> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>All vendor purchased items</li> <li>3 vendor comparisons</li> </ul> <p><b>Catering Procurement</b></p> <ul style="list-style-type: none"> <li>See Catering Guidance</li> </ul>
Civil Rights			
<b>Public Notification System</b> <ul style="list-style-type: none"> <li>And Justice for All</li> <li>Non Discrimination Statement</li> <li>News Release (New Sponsors only)</li> </ul>	<b>Data Collection</b> <ul style="list-style-type: none"> <li>Completed annually</li> <li>Includes Ethnic and Racial Data</li> </ul>	<b>Grievance Procedures</b> <ul style="list-style-type: none"> <li>Documents kept in accessible location</li> <li>Move complaint forward in a timely manner (3 days)</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>Must include Civil Rights to all people involved with food service</li> <li>Required prior to start of any program duties</li> <li>Performed annually and as needed for new staff</li> <li>Documented and filed in appropriate folder</li> </ul>
Monitor Reviews			
<ul style="list-style-type: none"> <li>Only necessary for sponsors with multiple sites</li> <li>Completed within first 4 weeks of participation in the program</li> <li>Must complete at least 3 per year per site</li> <li>No more than a 6 month lapse between reviews</li> <li>Timing should be varied</li> </ul>			